



Health and Wellbeing Board

Date: FRIDAY, 18 FEBRUARY 2022

Time: 11.00 am

Venue: COMMITTEE ROOMS, 2ND FLOOR, WEST WING, GUILDHALL

Members: Marianne Fredericks (Chairman)
Mary Durcan (Deputy Chairman)
Randall Anderson
Gail Beer, Healthwatch
Matthew Bell, Policy and Resources Committee
Andrew Carter, Director of Community and Children's Services/Safer City Partnership
Nina Griffith, Clinical Commissioning Group
Chief Superintendent Steve Heatley, City of London Police
Sandra Husbands, Director of Public Health
Ruby Sayed, Chairman, Community and Children's Services Committee
Jeremy Simons, Port Health and Environmental Services Committee
Gavin Stedman, Port Health and Public Protection Director

Enquiries: Kerry Nicholls
kerry.nicholls@cityoflondon.gov.uk

Accessing the virtual public meeting

Members of the public can observe this public meeting at the below link:

<https://youtu.be/NBBZzh4mXPM>

A recording of the public meeting will be available via the above link following the end of the public meeting for up to one municipal year. Please note: Online meeting recordings do not constitute the formal minutes of the meeting; minutes are written and are available on the City of London Corporation's website. Recordings may be edited, at the discretion of the proper officer, to remove any inappropriate material.

John Barradell
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Reports

1. **APOLOGIES**

2. **DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**

3. **MINUTES**

To agree the minutes of the previous meeting held on 26 November 2021.

For Decision
(Pages 5 - 10)

4. **JOINT STRATEGIC NEEDS ASSESSMENT: NEW PROCESS OVERVIEW**

Report of the Group Director of Adults, Health and Integration, London Borough of Hackney

For Decision
(Pages 11 - 24)

5. **HEALTH AND WELLBEING BOARD STRATEGY UPDATE**

The Director of Community and Children's Services to be heard.

For Information

6. **ANNUAL REVIEW OF TERMS OF REFERENCE**

Report of the Town Clerk.

For Decision
(Pages 25 - 28)

7. **COVID-19 UPDATE**

The Director of Public Health to be heard.

For Information

8. **HEALTHWATCH CITY OF LONDON PROGRESS REPORT**

Report of the Chair of Healthwatch City of London.

For Information
(Pages 29 - 56)

9. **SYNERGI PLEDGE MAKERS PROGRESS REPORT**

Report of the Director of Public Health.

For Information
(Pages 57 - 76)

10. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**

11. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**

12. **EXCLUSION OF PUBLIC**

MOTION - That under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A of the Local Government Act.

For Decision

Part 2 - Non Public Reports

13. **NON PUBLIC MINUTES**

To agree the non-public minutes of the previous meeting held on 26 November 2021.

For Decision
(Pages 77 - 78)

14. **SUICIDE PREVENTION IN THE CITY OF LONDON AND MENTAL HEALTH STREET TRIAGE EVALUATION**

Report of the Director of Public Health.

For Decision
(Pages 79 - 120)

15. **PLANNING ADVICE NOTE: PREVENTING SUICIDES IN HIGH RISE BUILDINGS AND STRUCTURES**

Report of the Director of the Environment Department.

For Information
(Pages 121 - 140)

16. **SECURE CITY PROGRAMME - CCT AND TELECOMMUNICATIONS WORKSTREAM**

Joint report of the Director of the Built Environment and the Commissioner of the City of London Police.

For Information
(Pages 141 - 164)

17. **NON-PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
18. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE BOARD AGREES SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

HEALTH AND WELLBEING BOARD

Friday, 26 November 2021

**Minutes of the meeting of the Health and Wellbeing Board held at on Friday,
26 November 2021 at 11.30 am**

Present

Members:

Marianne Fredericks (Chairman)
Mary Durcan (Deputy Chairman)
Jon Avern, Markets & Consumer Protection Department
Gail Beer, Healthwatch City of London
Andrew Carter, Director of Community and Children's Services
Chief Superintendent Steve Heatley, City of London Police
Dr Sandra Husbands, Director of Public Health
Jeremy Simons, Port Health and Environmental Services Committee

In Attendance

Jonathan McShane

Officers:

Chris Lovitt	- Deputy Director of Public Health
Leanne Murphy	- City of London Corporation
Claire Giraud	- Public Health Team
Adrian Kelly	- Community and Children's Services
Gavin Stedman	- Markets & Consumer Protection Department
Ellie Ward	- Community and Children's Services Department
Lorenzo Conigliaro	- City of London Police
Matthew Cooper	- Town Clerk's Department

1. APOLOGIES

Apologies were received from Matthew Bell, Randall Anderson, Ruby Sayed and Siobhan Harper (represented by Jonathan McShane).

2. DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA

There were none.

3. MINUTES

The public minutes and non-public summary of the meeting held on 17 September 2021 were approved.

4. COVID-19 UPDATE

The Board received an oral update from Officers relating to issues and matters concerning the Covid-19 pandemic.

Members discussed the new variant – omicron – which was considered to be more infectious than the delta variant and there was concern that this could cause significant problems should it evade immunity. At this stage, there were no known cases in the UK and this was a precautionary risk based on the genetic sequence of the virus.

A Member noted the data indicated that 62% of residents had received their first two jabs in the City but questioned if this included residents with second homes and had been vaccinated elsewhere. Officers confirmed that people in the City could only be registered with one GP so would only be serviced in one place.

Members were concerned regarding the availability of lateral flow tests which could now only be ordered online rather than collected from pharmacies. It was noted that this was withdrawn to manage availability. The focus was testing in communities of high risk. the Chairman recommended readvertising the walk-in test sites in the City.

In response to a question regarding whether people that had ignored or declined previous texts to have the vaccine meant they were no longer offered stop getting offered. officers confirmed that only those that had discussed the matter with their GP and requested they not be offered again were taken off the list.

The Chairman congratulated the Boots at Fleet Street but made a plea for a permanent and visual site in the east of the City. Officers confirmed they were advocating to the NHS who were in the process of bringing in services. When this was confirmed, it would be publicised.

5. BETTER CARE FUND 2021-22

The Board considered a report of the Director of Community and Children's Services providing plans for the Better Care Fund for 2021-22.

A Member highlighted the aging population in the north of the City and asked if there were sufficient care facilities available within or close to the City boundary. Members were advised that many people wanted to maintain their independence with support at home resulting in people going into care homes later and for significantly shorter periods. An overarching piece of work looking at the need and demand for residential care and the viability of providing it within the City boundaries is being undertaken.

It was acknowledged that patients often wanted to be near their family which may not be in or around the City. Residential care was also often specialist, and the patient would need to go to a facility that met their specific needs.

With specific reference to Health & Wellbeing Boards, Members were informed that the BCF process required Board oversight and approval as it involved integration of health and social care, hospital discharges, joining up of services, support to care workers, plus there was a need to promote health and wellbeing

and ensure the independence of people was maintained. Members were supportive and found it helpful to see what was being achieved for residents.

Members enquired how the BCF fits into new neighbourhood and primary care networks. The Chairman requested a future report proving the detail and implications in relation to the neighbourhood scheme.

It was noted that some residents in the west of the City registered with GPs in Camden and Officers were asked how hospital discharge was managed. Members were informed that support was available to all City residents whichever hospital they were discharged from.

RESOLVED – That Members approve the Better Care Fund 2021-22

6. UPDATE ON THE CITY AND HACKNEY PHARMACEUTICAL NEEDS ASSESSMENTS 2022

The Board considered a report of the Director of Public Health providing an update on the City and Hackney Pharmaceutical Needs Assessments 2022.

It was noted that many residents used pharmacies in Tower Hamlets and Islington, and not the City. It was also acknowledged that enormous work was being undertaken by pharmacies to keep people out of hospitals and maintain people's own health and wellbeing. Officers confirmed Islington had not yet published their plan and agreed to contact them.

RESOLVED – That Members:-

- note that the process to produce a revised PNA by 1st October 2022 has commenced;
- receive the Terms of Reference (ToR) for the City of London and London Borough of Hackney PNA Steering Group;
- receive an update on progress and the project plan timelines from the City of London and London Borough of Hackney PNA Steering Group on the production of the 2022 PNAs;
- formally delegate the sign-off of the draft and final PNAs to the Steering Group.

7. HEALTH AND WELLBEING BOARD ROLE SCOPING REPORT

The Board considered a report of the Director of Public Health providing scoping regarding the Health and Wellbeing Board Role.

In response to queries regarding the Health and Social Care Act currently going through Parliament, Members were informed that Health & Wellbeing Boards were mentioned but there was currently no great detail about what this would include. It was hoped this would become clear in early spring.

The Town Clerk advised that the Terms of Reference of the Board would be reviewed in February including a review of the Board's membership.

With regards to the Joint Health and Wellbeing Strategy, Officers confirmed that there had been a good response from peer research which engaged with communities to develop priorities. This was moving to the next stage and documentation was being drafted ready for consultation in the spring.

RESOLVED – That Members:-

- Note the report;
- Comment on the role of the City of London Corporation's Health and Wellbeing Board;
- Note the progress of the Act and the recommendation that the Terms of Reference of the Board are reviewed after Royal Assent of the Health and Social Care Act;
- Approve the proposed strengthened induction of new Board Members.

8. COMMERCIAL ENVIRONMENTAL HEALTH SERVICE PLAN 2021-23

The Board received a report of the Executive Director of Environment concerning the Commercial Environmental Health Service Plan for 2021-2023.

RECEIVED.

9. HEALTHWATCH CITY OF LONDON PROGRESS REPORT

The Board received a report by Healthwatch City of London providing an update on progress against contractual targets and the work of Healthwatch City of London (HWCoL) with reference to Quarter Two 2021/22.

Members were concerned regarding the ongoing phone system issues at the Neaman Practice. Members were informed that BT were involved, and Cloud was considered the last hope. Healthwatch would pursue a senior CCG representative if this was not resolved. It was felt that more fixed lines were needed.

RECEIVED.

10. AN EXTENSION TO THE CONTRACT FOR THE PROVISION OF E-SERVICES RELATING TO THE PAN LONDON SEXUAL HEALTH TRANSFORMATION PROGRAMME

The Board received a joint report of the Director of Community & Children's Services and the Director of Commercial Services concerning an extension to the contract for the provision of E-Services relating to the Pan London Sexual Health Transformation Programme.

RECEIVED.

11. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
There were no questions.
12. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
The Chairman gave thanks to Jon Avern who was retiring as the Director of Markets & Consumer Protection after 32 years with the City Corporation. These thanks were echoed by Members and Officers.
13. **EXCLUSION OF PUBLIC**
RESOLVED – That under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items on the grounds that they involve the likely disclosure of exempt information as defined in Part 1 of Schedule 12A of the Local Government Act.
14. **NON-PUBLIC MINUTES**
The non-public minutes of the meeting held on 17 September 2021 were approved.
15. **SECURE CITY PROGRAMME (SCP) - VIDEO MANAGEMENT SYSTEM (VMS)**
The Board received a joint report of the Executive Director of Environment and Commissioner, City of London Police regarding the Secure City Programme (SCP) Video Management System (VMS).
16. **SUICIDE PREVENTION IN THE CITY OF LONDON**
The Board considered a report of the Director of Public Health regarding Suicide Prevention in the City of London.
17. **NON-PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
There were no questions.
18. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE BOARD AGREES SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**
There was no business.

The meeting ended at 1.18 pm

Chairman

Contact Officer: Leanne Murphy

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Committee(s): Health and Wellbeing Board – For Information	Dated: 18 February 2022
Subject: Joint Strategic Needs Assessment: New Process Overview	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1-4; 9-12
Does this proposal require extra revenue and/or capital spending?	No
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain's Department?	N/A
Report of: Helen Woodland, Group Director Adults, Health and Integration (Hackney Council)	For Decision
Report author: Diana Divajeva	

Summary

It is a statutory requirement for Local Authorities and their partners to produce the joint strategic needs assessment (JSNA). When planned and executed well, the JSNA will inform and underpin policy, commissioning, key strategies and other local plans that seek to improve the health and wellbeing of our residents. It is essential that the format of the JSNA fulfils this purpose and it is therefore necessary to have a forward plan and an effective delivery process. Today's presentation will describe the new JSNA process in detail.

This proposal has been presented and endorsed at the City and Hackney Public Health Senior Management Team, Hackney Adult Social Care and Integration Senior Management Team, Health Inequality Steering Group and Hackney Health and Wellbeing Board meetings.

Recommendation(s)

The Health and Wellbeing Board is asked to:

- Approve the new process;
- Contribute to the annual JSNA work plan as described in the process; and,
- Advise on the best time to initiate the annual JSNA process

Background Papers

[City and Hackney joint strategic needs assessment process](#)

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City and Hackney joint strategic needs assessment process

Report to the City of London Health and Wellbeing Board

Diana Divajeva | Principal Public Health Analyst
18 February 2022

Outline of the presentation

- The purpose and format of the JSNA
- JSNA process
- JSNA website and interactive population health profiles

JSNA purpose and format

3

The purpose of the Joint Strategic Needs Assessment

- The Joint Strategic Needs Assessment (JSNA) is an **ongoing process** which helps to identify the health and wellbeing needs of local population.
- It is a **statutory requirement** for Local Authorities and their partners to produce the JSNA.
- Local Authorities and Clinical Commissioning Groups (CCGs) have **equal and joint duties** to prepare the JSNA through the Health and Wellbeing Board.
- The core aim of the JSNA is to **develop local evidence-based priorities** for policy and commissioning which will **improve** the public's **health** and **reduce inequalities**.
- Because health and wellbeing are determined by a range of factors, the **JSNA topics range** from specific health outcomes to wider determinants of health.
- In order for the JSNA reports to have **sufficient breadth and depth** it is crucial that teams across the council and the wider system partners have their **specialist input** into it.
- When planned and executed well, the JSNA will **inform and underpin the key strategies and other local plans** that seek to improve the health of our residents.

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JSNA will comprise of a range of reports and interactive resources

- The JSNA will **draw on a range of resources** and use a **variety of outputs as an evidence base**.
- The type of **resources** that the JSNA projects will be drawing on include:
 - Intelligence sources including internal and external dashboards and data repositories
 - Qualitative insight including the work done by the community champions, peer researchers and voluntary and community organisations
 - Relevant strategy and policy documents, local, regional and national
 - Behavioural insights
 - Academic literature
- The JSNA **outputs** will include:
 - Short topical reports
 - Detailed needs assessments
 - Interactive population health profiles
- The JSNA reports and needs assessments will follow [standard template and will have standard structure](#).

5

JSNA process

6

Careful planning will ensure successful and timely delivery

- There is a limited capacity in the system to conduct in-depth needs assessments (NAs), warranting the need for a forward plan and for a prioritisation process.
- Having a **set work plan** provides many **benefits** including:
 - **Better alignment** with upcoming strategic work and other major projects, ensuring NAs are conducted in a timely manner
 - **Better management** of staff time and capacity
 - **Improved communication** about what is upcoming to key stakeholders, leading to reduction in duplication of effort and higher impact
- A **clear and transparent prioritisation process** will ensure that staff capacity is always taken into consideration and the **resources are well utilised** while also aiding the **hypothesis driven research**.

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Annual City and Hackney JSNA process



8

Stage 1: Initiation

- At the start of each year, PH SMT will consider what input is required to support the core public health work and will engage with key strategic partners to **identify potential JSNA projects**.
- The engagement will take place through attending board, directorate and other strategic meetings including City and Hackney Population Health Hub, Health Inequalities Steering Group, Local Authority Directorates, Integrated Care Partnership Board, voluntary and community sector meetings, North East London Clinical Commissioning Group.
- City and Hackney JSNA **annual work plan** will be developed comprising of **two workstreams**:
 1. Projects that are necessary to fulfill medium to long-term PH team's, wider council's and system's work plans - these will include any **reports or needs assessments needed to inform strategies, commissioning and policy**
 2. Projects that arise through other work - these will include **research to inform other pieces of work**
- The projects falling under the second workstream will be reviewed on the case by case basis before deciding whether to include them in the work plan using [clear and transparent prioritisation criteria](#).

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Stage 2: Approval

- The annual project plan will include all projects that feed into strategies, commissioning and policy as well as any additional research projects that have been **approved by the PH SMT**.
- The JSNA work plan will be taken for an endorsement to **the City and Hackney Integrated Commissioning Partnership Board (ICPB)**.
- Following the endorsement from the ICPB, the work plan is presented to **the Health and Wellbeing Boards (HWB)** for their approval.
- It is proposed that the JSNA **work plan is reviewed on annual basis**.

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Stage 3: Production (1)

- It is important to clearly define roles and responsibilities, as **ambiguity can jeopardise project delivery**.
- [The project initiation document](#) (PID) will seek to **define key deliverables** as well as roles and responsibilities for each project - it must be completed before the work on the project begins.
- The PID will help to ensure that some **prior thinking has been done to define the scope, aims and objectives** of the project.
- Stakeholders will also be encouraged to **think about evaluation of a project from the start**.
- The [first draft is reviewed](#) by the **public health intelligence lead, senior public health officer and the project sponsor**.
- After the corrections have been made, the **final draft** is reviewed by **the DPH** and published.

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Stage 3: Production (2)

- A **project sponsor** will be responsible for **approving the PID, providing project oversight and signing off on the recommendations**: a sponsor might be a senior officer or a working group/board.
- Each project will be allocated a **project lead** and a **working group**, which will be **responsible for the delivery** of the project report including the development of the recommendations.
- The working group will normally consist of public health officer(-s), intelligence staff and subject area experts.
- To ensure that JSNA projects accurately reflect the local picture and meaningfully support the local response, there is an expectation that **partners will play an active role** in the development of the reports.
- Stakeholders will be **supported in the JSNA delivery** through workshops, ongoing advice and guidance.

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Stage 4: Dissemination and evaluation

- All completed JSNA projects will be **published** on the City and Hackney **JSNA website**.
- **Project leads and the delivery team** will be responsible for **presenting and promoting** their work to relevant partners and/or groups.
- **Regular updates on the JSNA work programme** will include:
 - Quarterly to the Senior Public Health Team
 - Bi-annually to the Integrated Care Partnership Board
 - Annually to the Health & Wellbeing Board
- Reflecting on the impact of projects is an **important part of improving the JSNA process**.
- Therefore, there is an expectation that the JSNA will include an **evaluation phase** in order to **understand the impact** of the work and **how** it may have **supported change**.
- Stakeholders will be encouraged to answer a [set of questions](#) to ensure a **consistent approach to the evaluation** six to 12 months after a JSNA report has been published; this does not constitute a formal evaluation.

13



JSNA website and interactive population health profiles

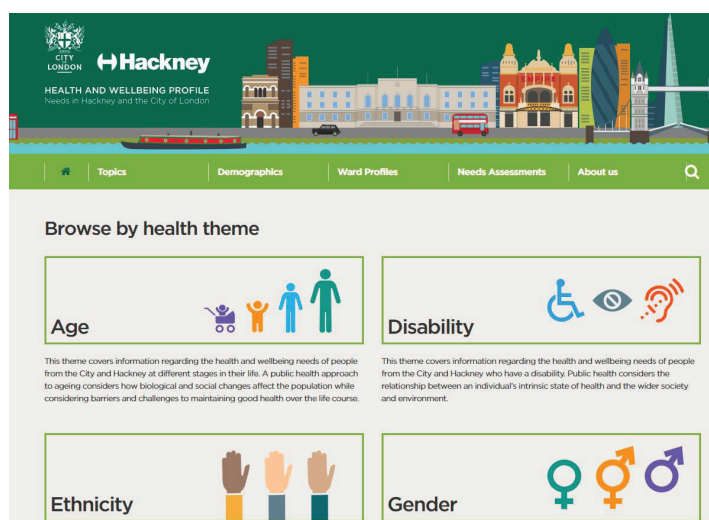
14

The way information is presented and communicated using the JSNA website will change

- The JSNA website should be the go-to place hosting:
 - Information about the JSNA and C&H PH team
 - Single source of truth population profiles
 - All the PH reports and links to relevant external resources
- As such, it should be easy to navigate, functional and up to date.

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Current City and Hackney JSNA website

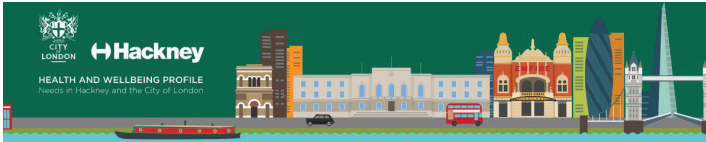


<https://hackneyjsna.org.uk/>

- Topics do not follow any particular framework.
- Demographics section and the search are not functional.
- Ward profiles are static documents with generally same information repeated across multiple documents.
- The purpose of the Needs Assessments tab is not clear.
- About us could have more information about the team and its function.

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Proposed City and Hackney JSNA website

				
Home	About C&H PH	Population characteristics	Population health	Search reports
<p>Outlines the purpose, scope and process of the JSNA as well as the KF 4 pillar framework</p>	<p>Outlines the function of the PH team, the type of projects we get involved in and links back to our key documents</p>	<p>Drop down to interactive dashboards:</p> <ul style="list-style-type: none"> - City and Hackney demographic profiles - City and Hackney Ward profiles 	<p>Drop down menu to 4 themes (pillars):</p> <ul style="list-style-type: none"> - Wider determinants - Behaviours and lifestyles - Communities and places - Integrated health and care 	<p>Search function allowing to search by topic or key word and filter by date</p>
1	2	3	4	5

Content by tab:

1. Bringing the purpose of the JSNA work to the home page and setting the scene for how the website is structured.
2. Allows to highlight other work that PH team is doing and link back to the council site and vice versa.
3. This section will include an interactive profile of City and Hackney as well as key indicators for wards.
4. All reports will follow the KF 4 pillar framework and will include a description of the pillar and how it contributes to population health; a list of individual health topics will be available via dropdown or on the pillar page itself.
5. As described.



Hackney CITY OF LONDON

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Supplementary material

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JSNA report structure

Background and Introduction	<ul style="list-style-type: none"> The background should outline why the issue is important and how it can impact on health and wellbeing. This should set the context for the rest of the document. The introduction should set out aims and objectives of the project including its scope.
Policy context	<ul style="list-style-type: none"> The policy context should set out the national and local policies relevant to the issue. Set out key policies and their objectives that may frame how we respond to the issue locally.
The local picture	<ul style="list-style-type: none"> Outline how the issue affects residents, now and looking to the future. Consider how different groups are affected, including the nine protected characteristics. Consider how we compare to similar areas. Where information is unavailable this should be explicitly stated.
The local response	<ul style="list-style-type: none"> Outline what local action has been taken to improve things. This may be through local services, through local policies, or a combination of the two. Include what might be happening outside of the Public Sector e.g.: local assets.
Community & stakeholder Views	<ul style="list-style-type: none"> This section should set out the views of local residents and stakeholders regarding the issue. Views could be collected through consultations, surveys, focus groups or meetings.
Key findings and recommendations	<ul style="list-style-type: none"> This section should bring the JSNA report to a conclusion, outlining gaps in our response, challenges and opportunities that have been identified. Recommendations should be developed in collaboration with partners and be SMART.

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Project prioritisation criteria

- Having a set of **criteria** will **help to prioritise projects** and will also aid in **refining the research questions/ideas**.
- At the start of the year, **stakeholders will be asked to submit project proposals** they would like to include in the JSNA work plan.
- The submissions will be reviewed by the Public Health Senior Management Team (PH SMT) and the final list of projects will be **approved based on the capacity and the below criteria**.

Inclusion Criteria	Considerations
Impact	<ul style="list-style-type: none"> What is the scale of the local impact? What is the severity of the local impact? Is the local situation improving or deteriorating? How do local outcomes compare to other areas?
Commissioning priority	<ul style="list-style-type: none"> Will the work underpin the commissioning of a local service?
Policy priority	<ul style="list-style-type: none"> Will the work underpin the development of a local policy / action plan / strategy?
Gap in knowledge	<ul style="list-style-type: none"> Is there a lack of understanding of the issue that needs to be addressed?

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Project initiation document format

Project title	
Population health area	Please only keep what applies: <ul style="list-style-type: none"> • Wider determinants • Behaviours and lifestyles • Places and communities • Integrated health and care system
Rationale and existing evidence	<ul style="list-style-type: none"> • The general context explaining the rationale behind the project • The existing evidence on the topic (local, national, international) • The gap(-s) in evidence
Aim and research question	<ul style="list-style-type: none"> • What this project is seeking to achieve • What is(are) the concrete research question(-s) this project is seeking to answer
Objectives	Please outline the project objectives (i.e. what actions will be taken to achieve the aim).
Scope	Areas in and out of scope of this project.
Format	Please state if the project is going to be written up as a detailed needs assessment/short report/factsheet/any other format
Target audience	Key people or groups this project is aimed at.
Key stakeholders	Key people or organisations that should be involved in the project. Please state the level of involvement and whether the project requires a steering group.
Project sponsor	Please include the name and the job title of a senior officer and/or board sponsoring the project. Project sponsor will need to sign off project initiation and completion and will be responsible for actioning the recommendations from the report.
Report author(-s)	Please list the officers responsible for compiling this report.
Reviewer(-s)	Please state the officers responsible for reviewing the draft report before it is signed off.
Timeline	Include suggested start date, key milestones and completion date.
Risks and mitigation actions	Consider any risks to the successful completion of the project and how you might mitigate against them (e.g. lack of engagement from stakeholders, access to data).

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Criteria for reviewing the first draft

When a first draft has been developed the project lead should consider the following checklist:

- Did the project meet the original objectives set out in the PID?
- Did the project set out how risk factors and the wider determinants impact on outcomes?
- Did the project explicitly consider inequalities and the impact on different population groups?
- Did the project establish the main outcomes of interest?
- Did the project establish SMART recommendations?

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JSNA evaluation questions

- A number of key questions have been identified to ensure a **consistent approach to the evaluation**, including:
 - How has the JSNA project been used since publication?
 - How did the project contribute to our understanding of local needs?
 - How did the project contribute to our understanding of the local response?
 - What impact have the recommendations from the project made?
 - What impact did the project have on the work of our stakeholders and partners?
 - What were the main challenges and lessons that have been learnt through the process and how can this inform future projects?

Committee(s) Health and Wellbeing Board	Dated: 18 February 2022
Subject: Annual Review of Terms of Reference	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1; 2 and 4
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain's Department?	N/A
Report of: The Town Clerk	For Decision
Report author(s): Kerry Nicholls, Committee and Member Services Officer	

Summary

This is the Health and Wellbeing Board's Annual Review of its terms of reference and composition, where Members are invited to recommend any changes to the Policy and Resources Committee and the Court of Common Council for consideration.

Recommendations

The Health and Wellbeing Board is invited to:

- Agree, subject to any comments, the terms of reference of the Board (as set out in **Appendix 1**) for consideration by the Policy and Resources Committee and Court of Common Council;
- Consider whether the current frequency of meetings of the Board remains appropriate;
- Consider the current composition of the Board; and,
- Delegate authority to the Town Clerk, in consultation with the Chairman and Deputy Chairman, to consider any further changes to the Terms of Reference for 2022/23.

Main Report

Background

1. Each Grand Committee of the Court of Common Council is invited to review its terms of reference annually and to provide any suggested amendments to the Policy and Resources Committee and Court of Common Council for approval in March/April each year.
2. Members are also invited to comment on the frequency of meetings of the Board, and to consider whether the Board could usefully be convened on more or fewer occasions during 2022/23.

Current Position

3. **Terms of Reference.** The Board's current terms of reference which set out its delegated powers and responsibilities from Court, are set out in **Appendix 1** for Governor consideration and remain unchanged from previous years.
4. **Frequency of Meetings.** The Board is scheduled to meet on five occasions during 2022. Members are invited to comment on whether they feel this frequency of meetings allows for proper consideration of business or whether the Board could meet more frequently or infrequently.
5. **Health and Care Bill.** The Health and Care Bill is anticipated to come into effect in July 2022 at which time the Board may choose to review its terms of reference again to ensure it meets all necessary requirements.
6. The draft terms of reference are provided within the appendix for your consideration. Any proposed additions are underlined and redactions are ~~struck-through~~.
7. The membership as listed on the appendix is correct as of April 2021. Any changes to membership in the last year will be picked up in the 2022 Court report.

Corporate & Strategic Implications

8. Members should consider the current scope of the Board's terms of reference, and bear in mind the impact of any proposed changes, particularly resource, legal and equalities implications.

Appendices

- Appendix 1 – Terms of Reference

Kerry Nicholls

Committee and Member Services Officer

E: Kerry.Nicholls@cityoflondon.gov.uk

APPENDIX 1

RUSSELL, Mayor	RESOLVED: That the Court of Common Council holden in the Guildhall of the City of London on Thursday 15 th April 2021, doth hereby appoint the following Committee until the first meeting of the Court in April, 2022.
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HEALTH & WELLBEING BOARD

1. **Constitution**

A Non-Ward Committee consisting of,

- three Members elected by the Court of Common Council (who shall not be members of the Health and Social Care Scrutiny Sub-Committee)
- the Chairman of the Policy and Resources Committee (or his/her representative)
- the Chairman of Community and Children's Services Committee (or his/her representative)
- the Chairman of the Port Health & Environmental Services Committee (or his/her representative)
- the Director of Public Health or his/her representative
- the Director of the Community and Children's Services Department
- a representative of Healthwatch appointed by that agency
- a representative of the NHS North East London Clinical Commissioning Group (CCG) appointed by that agency
- a representative of the Safer City Partnership
- the Port Health and Public Protection Director
- a representative of the City of London Police appointed by the Commissioner

2. **Quorum**

The quorum consists of five Members, at least three of whom must be Members of the Common Council or officers representing the City of London Corporation.

3. **Membership 2021/22**

- 8 (4) Joyce Carruthers Nash, O.B.E.
- 5 (2) Marianne Bernadette Fredericks
- 3 (1) Mary Durcan

Together with the Members referred to in paragraph 1 above.

Co-opted Members

The Board may appoint up to two co-opted non-City Corporation representatives with experience relevant to the work of the Health and Wellbeing Board.

4. **Terms of Reference**

To be responsible for:-

- a) carrying out all duties conferred by the Health and Social Care Act 2012 ("the HSCA 2012") on a Health and Wellbeing Board for the City of London area, among which:-
 - i) to provide collective leadership for the general advancement of the health and wellbeing of the people within the City of London by promoting the integration of health and social care services; and
 - ii) to identify key priorities for health and local government commissioning, including the preparation of the Joint Strategic Needs Assessment and the production of a Joint Health and Wellbeing Strategy.

All of these duties should be carried out in accordance with the provisions of the HSCA 2012 concerning the requirement to consult the public and to have regard to guidance issued by the Secretary of State;

- b) mobilising, co-ordinating and sharing resources needed for the discharge of its statutory functions, from its membership and from others which may be bound by its decisions; and
- c) appointing such sub-committees as are considered necessary for the better performance of its duties.

5. **Substitutes for Statutory Members**

Other Statutory Members of the Board (other than Members of the Court of Common Council) may nominate a single named individual who will substitute for them and have the authority to make decisions in the event that they are unable to attend a meeting.

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Committee: Health and Wellbeing Board	Dated: 9 February 2022
Subject: Healthwatch City of London Progress Report	Public
Report author: Paul Coles, General Manager	For Information

Summary

The purpose of this report is to update the Health and Wellbeing Board on progress against contractual targets and the work of Healthwatch City of London (HWCoL) with reference to Quarter Three 2021/22.

Recommendation

The Health and Wellbeing Board is asked to note the report.

Main Report

Background

Healthwatch is a governmental statutory mechanism intended to strengthen the collective voice of users of health and social care services and members of the public, both nationally and locally. It came into being in April 2013 as part of the Health and Social Care Act of 2012.

The City of London Corporation has funded a Healthwatch service for the City of London since 2013. The current contract for Healthwatch came into being in September 2019 and was awarded to a new charity Healthwatch City of London (HWCoL). HWCoL was entered on the Charities Commission register of charities in August 2019 as a Foundation Model Charity Incorporated Organisation and is Licenced by Healthwatch England (HWE) to use the Healthwatch brand.

HWCoL's vision is for a Health and Social Care system truly responsive to the needs of the City. HWCoL's mission is to be an independent and trusted body, known for its impartiality and integrity, which acts in the best interests of those who live and work in the City.

1. Current Position

Since the last report plans to move to face to face meetings have been postponed due to the Omicron variant, staff returned to home working and maintained output of up-to-date information in a rapidly changing environment. Communication platforms continued to provide residents with relevant information on the Covid-19 vaccination Booster programme via the website, newsletters, bulletins, and social media. In December, the rise of the Omicron variant resulted in an increase in demand for information on support for self-isolation, the availability of Covid-19 tests sites over the Christmas holiday period and where to obtain a Booster jab. Recognising residents

need for accurate information staff provided support during their Christmas break to update residents. On Covid-19 safety grounds staff returned to remote working in December 2021, continuing to work remotely in January with a phased return to the City in February 2022.

2. Annual Public Meeting

In December, the team held a successful public meeting on-line, with guest speakers, Professor Charles Knight OBE, Chief Executive of St Bartholomew's Hospital, part of Barts Health NHS Trust and Catherine Pelley, Chief Nurse, Homerton University Hospital Foundation Trust (HUHFT). Both provided an overview of how the Trusts have managed during the pandemic and how they envisage carrying out patient engagement during the reestablishment of services.

Barts Health NHS Trust supported over 18,000 people to recover from Covid-19. St Bartholomew's were able to maintain cardiac surgery support for London, supported a surge in demand for Extra-corporal membrane treatment (ECMO) and maintained cancer services throughout the pandemic.

Outpatient waiting lists have grown during the pandemic. To address this Barts have embarked on a transformation programme by:

- Continuing to offer virtual appointments
- Making greater use of advice and guidance to support GPs to manage patients in the community
- Rolling out patient initiated follow up (PIFU), giving patients the power to request an appointment when they need it, rather than at routine intervals.
- Introducing 'Super Saturday' clinics

Barts Health Trust are implementing a new patient engagement strategy that aims to communicate with more people and groups to obtain coordinated and insightful patient feedback. HWCOL have joined the St Bartholomew's Patient Experience & Engagement committee and will be joining the equivalent committee for The Royal London Hospital.

The Healthwatch team will ensure they monitor the effectiveness of the changes described and the impact on City residents.

Catherine Pelly described the actions taken by the team at HUHFT which included suspending elective activity in the first wave of the pandemic to enable care and treatment of patients with Covid-19. The trust was able to recommence elective surgery in June 2020, suspending surgery again during the second wave in the winter of 2020-2021, before recommencing in the spring of 2021. Visitor numbers have been reduced to prevent infections as this will make a difference to the ability to keep services running at the highest operational level.

HUHFT are working in partnership with the City and Hackney Integrated Care System to support patient engagement and the co-production of services; recent developments include the introduction of the Long Covid service designed through patient engagement.

The meeting provided HWCoL with the opportunity to address the lack of direct access to St Bartholomew's Hospital for non-invasive cardiac tests for City residents. Professor Knight gave a commitment to discuss establishing a pathway for residents registered with the Neaman Practice. Following the meeting HWCoL have facilitated a conversation between the Neaman Practice and St Bartholomew's Hospital.

3 North East London Integrated Care System (NEL) update.

3.1 Creation of Community Diagnostic Hubs (CDH)

NHS England is funding a programme of CDH development across London, with a mix of short term "early adopter" schemes to stretch and adapt existing capacity as well as longer term funding to establish new delivery sites.

The two early adopter sites in NEL are Mile End Hospital and Barking Riverside. NEL has identified other potential sites, which includes St Leonards Hospital and Canary Wharf to support the working population.

HWCoL are bringing this to the attention of the Board and recommend that the Health and Wellbeing Board investigates whether there is capacity in the City to provide a diagnostic hub for the benefit of City workers and residents before the opportunity is lost.

3.2 NEL working group for patient engagement

NEL CCG are in the process of establishing a NEL Engagement Leads network to explore areas for joint working. HWCoL are one of the three Healthwatches members. The role of the group is to advise the Chair of NEL CCG on how patient engagement is best advanced in the new Integrated Care System for North East London.

The NEL CCG are due to attend the HWCoL Public Board in February to outline plans and seek feedback. The HWCoL team will continue to make sure that engagement with City residents is robust and that City voices are heard.

4. Projects

Covid-19 Information Grant

The Board will be aware HWCoL received a Covid Information grant from Hackney Giving. Hackney Giving administered the Covid Information grants on behalf of the City and Hackney Public Health Team. The grant covered the period from December 2020 to November 2021,

The funding was used to send out messages relating to the ongoing coronavirus pandemic to residents. The grant was also applied in assisting the Public Health team to identify and feedback Covid related issues arising in the community.

4.1 Achievements

- Enabled significant engagement with residents improving reach and awareness. During the period covered by the grant HWCoL's website recorded 34,720 sessions, the number of visits to the website, with 29,120 users visiting

the Covid-19 pages for information on booking vaccination, test and trace and the latest advice on staying healthy during the pandemic. The average number of monthly sessions was 2,893 with an average of 2,427 users. This compares with the November 2020 website figures of 522 users visiting the site 675 times during the month. Monthly visitors to the website increased by 365% with pages viewed increasing by 329%.

- Produced weekly newsletters and bulletins containing up-to-date information on Covid-19 which is directly relevant to City residents. The bulletins have challenged myths on Covid-19 and the vaccination programme. Barts Health have used the newsletters and bulletins to disseminate information regarding Covid-19 vaccination programme for City residents. Partnering with the City of London estates team and Business Healthy team to distribute HWCOL's bulletins and newsletters. The number of direct subscribers increased by 14% and residents reached via the partnership 29%.
- Incorporated social media platforms to disseminate information, with 144 Covid-19 posts on Twitter and 125 via Facebook. Followers to HWCOL's Twitter account increased by 6% from 633 to 670 and Facebook by 433 % from 15 to 80. Social media enables HWCOL to provide information to residents at speed, particularly useful for informing residents how to access the Covid-19 vaccination programme delivered at St Bartholomew's Hospital.
- Delivered two successful webinars on the vaccination programme with the support of public health and the City and Hackney Integrated Care Partnership. Webinars are a new engagement tool for HWCOL, and they are now incorporated into business as usual.
- Supported the delivery of monthly focus groups for carers and bi-monthly focus groups for those needing more information about access to mental health services. Attendees provided feedback on their experience of health and care services during the pandemic enabling feedback and challenge providers, more recently with Neaman practice, resulting in them addressing issues with the home vaccination programme.
- The mental health focus groups brought mental health providers and residents together during the pandemic. Residents have been informed of the services that are available to them and providers have been able to hear from residents their experience of mental health services during the pandemic.

4.2 Next Steps

Now that funding has ended weekly bulletin and newsletters are not supportable within current resources, but the team are able to produce a fortnightly communication. To ensure that residents receive up-to-date information on Covid-19, there will be an increase in the use of social media and a review of how these platforms can be used more effectively. The team will also consider how they can reach those who are not digitally connected.

The Carers and Mental Health focus groups will continue to be delivered until April 2022 when a review of the impact will be assessed with attendees to determine frequency and shape.

Delivering the grant has highlighted the importance of providing public health messages through trusted sources. As a trusted source of information HwCoL's reach in the community has grown significantly in the last year. This has enabled HwCoL to provide feedback to partners on a range of issues including test and trace, covid vaccinations for residents with allergies and difficulty in accessing Bocking Street vaccination centre to the Public Health team via HwCoL's quarterly reports.

From December 2020 to May 2021 HwCoL dealt with 215 calls relating to the Covid-19 Information grant. The majority of the calls requested details on Bocking Street vaccination centre including booking appointments, the location of the centre, parking, and disability access; cancel and check appointments, inform the centre that caller is running late. As a result of feedback Public Health were able to improve their on-line communication.

5 Access to accommodation

HwCoL's treasurer is in discussions with the CoL regarding access to the new Portsoken community centre for three days a week. As well as an office HwCoL will require occasional break out rooms for project work. HwCoL are planning to use this base to deliver face-to-face engagement with residents, (in particular, residents in the East of the City), develop partnership work with City Connections and City Advice including a joint monthly advice clinic for residents and workers.

6 Q3 Performance Framework Report (Appendix 1)

There has been no significant change in performance as measured by the Key Performance Indicators (KPI's).

The Care Quality Commission have announced recommencement of visits to care providers will begin in February. HwCoL are monitoring the development as it may precede the lifting of restrictions on Enter and View activity.

HwCoL continue to experience difficulties in attracting local volunteers. A paper on the number of volunteering opportunities for residents in the health and social care system will be discussed at HwCoL's Board meeting in public in February. The outcomes will be reported at the next Health and Wellbeing Board.

7 Other Activities

7.1 HWE Quality Framework

In January HwCoL completed HWE Quality Framework, a toolkit for assessing organisational excellence in Healthwatch services. The toolkit identifies six key areas against which each Healthwatch must self-assess. HwCoL submitted the following:

- Leadership and Decision Making-21 subheadings of which six require additional work and one rated as requiring significant improvement
- People-11 subheadings of which two require some improvement.
- Sustainability and Resilience-nine subheadings of which five require some improvement
- Collaboration-nine subheadings of which two require some improvement and one rated as an area requiring significant improvement
- Engagement, Involvement and Reach-14 subheadings with one requiring work
- Influence and Impact-13 subheadings with six requiring some improvement.

Following a review with HWE HWCoL will develop an action plan to address area for improvement.

7.2 Webinar programme

HWCoL delivered two successful webinars in January and February.

In January Dr David Collier delivered a talk on the work of the William Harvey Research Institute and provided an absorbing session on the first clinical trial that resulted in the approval of drugs to treat patients in hospital with Covid-19. The UK were the first country in the world to carry out trials and approve drugs for the treatment of Covid-19

Joanna Lyndon-Cohen, Highly Specialist Occupational Therapist in City and Hackney gave a talk on Long Covid services in City & Hackney. The Office for National Statistics reported in October 2021, 1.2 million people in the UK were experiencing self-reported Long Covid symptoms. Support is provided by the City & Hackney Covid Rehabilitation Service (City & Hackney CoRe) and the Homerton Post-Covid Specialist Assessment Clinic. Joanna described how City and Hackney GPs can refer any patient over 18 years of age who has had Covid-19 or suspected they had, due to symptoms impacting on their daily functions. The service aims to help patients understand their symptoms, and learn strategies to manage problems e.g. fatigue. The service provides access to investigations and referrals to other specialist medical services if needed.

8 Planned Activities in Quarter 4 2021/22

- Develop a programme of webinars to provide information, up to date news and topics of general interest.
- Further development of the information on the HWCoL website including:
 - Mental health services-to address concerns raised by attendees to HWCoL's focus groups, on their lack of knowledge of the services available. The website will include information on service provision in the City of London from both statutory and voluntary providers.
 - Adult social care-to provide information on the support available for residents and the application process.
 - Children's social care- to provide information on the support available for residents and their children.
- Engagement with younger residents and workers, those aged under 26, The team are working with volunteers to establish a Young Healthwatch for the City. This requires the team to work collaboratively with other organisations in the City to prevent duplication and enhance the offer for young people.

- Review of the delivery of the business and development of the 2022/23 plan building on local objectives.
- Review of the engagement and communications strategy to deliver the business plan
- Preparation for the production of the Annual Report and the Annual Surveys.

9 Risks

Trustees review the Risks and Issues Log at Board meetings. The Risk Log identifies data security, non-compliance General Data Protection regulations as key risks. HWCoL currently lack a Data Protection Officer (DPO). HWCoL are in the process of securing access to a DPO through a shared service with Healthwatch Tower Hamlets and Healthwatch Hackney.

10 Conclusion

Since the last report HWCoL adapted to the challenges of the Omicron variant by continuing to deliver a programme of activity online. HWCoL have contributed to the development of the patient engagement programme of the NEL Integrated Care System by ensuring the voice of users is at the heart of how the system operates from its inception.

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PERFORMANCE FRAMEWORK REPORT Q3 2021/22

Healthwatch City of London

Paul Coles

Paul@healthwatchcityoflondon.org.uk

Summary

This report provides an update on the Quarter Three (October-December 2021) performance of Healthwatch City of London (HWCoL) against the key performance indicators laid out in the Performance Framework for 2021/2022.

In Q3, HWCoL worked closely with the North East London Integrated care System (NEL) on their proposals for patient engagement. The proposals include developing a NEL system wide engagement charter, developing a shared staff training package for partners to support engagement. HWCoL joined the St Bartholomew's Patient Experience & Engagement Committee providing a presentation on the team's work. The team held a successful webinar with the East London Cardiovascular Disease Prevention Group; HWCoL committed to work with ELoPE on promoting the programme. Professor Charles Knight OBE, Chief Executive, St Bartholomew's Hospital, and Catherine Pelley, Chief Nurse, Homerton University Hospital were guest speakers at HWCoL's Annual Public Meeting. The speakers were asked to provide an update on their trust's response to tackling waiting lists and patient engagement during the reconfiguration of services. The meeting provided the opportunity to raise concerns about lack of direct access to St Bartholomew's Hospital for non-invasive cardiac tests for City residents. Professor Knight gave a commitment to discuss establishing a pathway for those registered with the Neaman Practice. Three projects were completed during the quarter, including producing the closing reports for the City Outreach Project and the PCN Engagement Report.

The team continued to provide residents with up-to-date information about the Covid-19 vaccination Booster programme via the website, newsletters, bulletins, and social media. HWCoL staff provided support during their Christmas break to update residents on information on support for self-isolation due to the Omicron variant, the availability of Covid-19 tests sites over the Christmas period and where to obtain a Booster jab.

Projects

The City Outreach project was submitted to Hackney Council for Voluntary Services (HCVS), the funder, in October. HWCoL were tasked to engage with City organisations and residents in a discussion about the value of the Neighbourhood Forum. The report identified 27 recommendations to enable continuing City engagement with the forum. During January, HWCoL will follow up with HCVS to confirm whether the report has been accepted and how the recommendations will be implemented.

The closing report for the Primary Care Network; Shoreditch Park and City (PCN) patient engagement project was completed during Q3 and submitted to the PCN. The report identifies the top three health priorities that residents within Shoreditch Park and City wish the PCN to address. These being:

- childhood obesity
- adult obesity
- drug misuse

Residents in the City identified the same priorities, adult obesity is seen as a higher priority than childhood for the City.

In their GP practices residents required access to the following services:

- mental health services,
- physiotherapy

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- health/wellbeing advisors

City residents identified the same priorities for services they required access to from their GP surgeries.

The report includes a further 11 recommendations regarding service improvements. HWCoL and Healthwatch Hackney are due to attend a meeting of the PCN in January to present the report for sign off.

Covid-19 Information grant: The grant programme was completed in December and the closing grant report will be submitted by January 31st 2022. HWCoL will produce a summary report for publication and share with Healthwatch England. The funding from the report supported HWCoL to deliver weekly bulletins, newsletters, and the delivery of HWCoL's focus groups. Now the grant money has ended the team will review the frequency of bulletins and consider how greater use of social media might replace weekly bulletins. HWCoL will review the focus groups with attendees to ascertain whether there is a need to maintain the current frequency.

Other significant achievements and activities:

- HWCoL was one of eight local Healthwatch who jointly won the 'Working with your integrated care system' category in the Healthwatch Awards 2021. NEL Healthwatches were recognised for their work on providing North East London Health and Care Partnership with timely and valuable feedback which will help develop services that meet the needs of NEL's diverse population.
- In November HWCoL attended the opening of the new Portsoken Community Centre. This provided an opportunity to engage with residents in the East of the City and meet with new partners.
- Organised a webinar with the East London Cardiovascular Disease Prevention Group (ELOPE). ELOPE is a Barts Health initiative with the aim to reduce cardiovascular disease (CVD) risk in the local community.
- HWCoL's Annual Public Meeting guest speakers were Professor Charles Knight OBE, Chief Executive, St Bartholomew's Hospital part of Barts Health, and Catherine Pelley, Chief Nurse, Homerton University Hospital. The speakers covered the steps their Trusts are taking to tackle waiting lists, how they will engage the public during the reconfiguration of services and finally, the development of the Integrated Care Partnership. HWCoL Chair raised with Professor Charles Knight access to St Bartholomew's for cardiovascular screening for City residents. Professor Knight agreed to further discussions with HWCoL and the Neaman Practice to explore establishing alternative local pathways. Neaman Practice patients are currently referred to UCLH, Homerton University Hospital or Royal London for non-invasive cardiac tests. Catherine Pelley has been appointed Director of System Development at Homerton Hospitals to lead on the development of the City and Hackney Integrated Care System (ICS) focusing on realising the benefits of collaborative working across the ICS. Catherine agreed to attend a future Board meeting and provide an update on this work.

Performance highlights

Of the 25 KPI's in the Performance Framework 20 have been achieved; no change from Q2. A summary of areas of over performance are set out below.

HWCoL produced 11 newsletter /bulletins during Q3, providing up to date advice and guidance to residents regarding the COVID-19 vaccination programme in City and Hackney and Tower Hamlets. HWCoL distributes bulletins and newsletters via Mailchimp; in the week of the 19th of November the open rate for the bulletin was 52.3%. The newsletters and bulletins continue to be distributed to all City residents. HWCoL are targeting improved access to HWCoL's communications for residents on the Guinness Estate.

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In Q3 HWCOL continued to add followers to the Twitter site. Twitter numbers increased to 670, a 1.6% increase on Q2. Posts on both Twitter and Facebook will focus on HWCOL's work during Q4, the Covid-19 vaccination and booster programme, and mental health support. Posts will continue to promote the Covid-19 vaccination programme, public health messages and the work of City of London partners.

The team have commenced a significant overhaul of the website to make it more accessible and relevant and will test out improvements with local residents and volunteers.

Areas of under performance

The number of areas of underperformance remains at four.

In Q3 HWCOL completed a first draft of the Healthwatch England (HWE) Quality Framework for review with HWE and expect to review the draft with HWE by the end of February. The Framework is expected to be completed by the end of March 2022.

HWCOL carried out a month-long recruitment campaign to address the interlinked areas of underperformance in the recruitment of Board Associates and volunteers. One resident expressed interest in joining HWCOL Board as an associate member. The Chair has approached them about joining the Board as a Trustee. The plan is to organise a face-to-face volunteer recruitment session in March. This will be supported by on-line recruitment of student volunteers for project work and will take place during January and February.

HWCOL Enter and View activity remains an area of underperformance whilst Covid-19 restrictions remain in place. HWCOL planned Enter and View with St Leonard's Hospital staff, in partnership with HWH, is on hold. HWCOL and Healthwatch Hackney are seeking confirmation from Homerton University Hospital that they will be moving forward with the transfer of the St Leonards' site before commencing with further engagement activity on the proposed development. HWCOL are using Healthwatch England's guide to deliver virtual Enter and View to produce a project plan for a virtual Enter and view for sign off by Trustees in February. The objective is to deliver one virtual Enter and View by the end of the financial year. HWCOL will use the guide to train volunteers.

Areas of significant under performance

HWCOL has one area of significant underperformance: the training of Enter and View volunteers. The spread of the Omicron Covid-19 variant has resulted in continuing restrictions to Enter and View activities. HWCOL plan to conduct a virtual Enter and View visit before the end of the Financial Year.

Area of Concern

In Q3 Facebook followers decreased by 40% from 110 to 66. HWCOL will be reviewing use of social media during Q4 now that the Covid-19 project has been completed. HWCOL will be focusing on producing bespoke content for Facebook.

Performance report

Healthwatch City of London Performance Framework Q3 Report

Indicator name/Description	Reporting period	HWE QF	CoLC Outcome	Annual Target	Quarterly Performance 2020-21				Annual Total to date	Progress	Comments on performance and progress update
				2021-22	Q1	Q2	Q3	Q4		(RAG)	
Number of local people trained and supported to actively participate in decision making		People	A, B, C								
Number of trustees on HWCOL board.	Quarterly	People		5	5	5	5		5	GREEN	HWCOL's recruitment campaign generated interest from one resident in joining the Board. See comment above
Number of associate board members.	Quarterly	People		4	3	3	3		3	AMBER	Number of Board associates remains at three. Trustees are reviewing the role of Associate Board Members in light of changes within the NHS and social care .
Number of volunteers attending decision-making committees	Quarterly	People		3	6	6	6		6	GREEN	Volunteers represent HWCOL and City residents, workers and students on the following Committees. City of London Adult Safeguarding Sub-Committee, Health and Well-being Board, and Overview and Scrutiny. The City and Hackney Clinical Integrated Care Board, and the Equality and Diversity Working group. The North East London Clinical Commissioning Group Board. During Q4 HWCOL will be reviewing attendance at decision making committees. The review is focussed on

Healthwatch City of London Performance Framework Q3 Report

											increasing attendance by volunteers at committee meetings. Representatives provide feedback to the board, supporting HWCoL identify areas of strategic concern.
Production of annual work plan, regular progress reporting against milestones		Influence and Impact	A, B, C, D, E								
Produce a three-year workplan with an annual workplan, detail objectives and actions that meet contractual requirements and objectives.	Annual	Influence and Impact		1	1				1	GREEN	During Q4 HWCoL will review delivery of the Business plan, focussing on the delivery of local objectives. The review will identify activities to enhance delivery during any extension of the contract.
Produce Annual Work Plan produced. To reference Performance Framework, Quality Framework, and Business plan.	Annual	Influence and Impact		1	1				1	GREEN	The Annual Work Plan is included with the Business plan for 2021/22.
Completion of Healthwatch's Quality Framework.	Annual	Influence and Impact		1	1				1	AMBER	In Q3 HWCoL completed a first draft of the HWE Quality Framework. A meeting with HWE has been arranged to review progress. Any revisions

Healthwatch City of London Performance Framework Q3 Report

											to the draft will be completed by the end of March 2022.
Healthwatch City of London Board is representative of the City of London population.		People	B								
Number of times HWCOL publicised board and associate board opportunities - during an annual month-long campaign. HWCOL will review Board annually as part of Business plan and work plan.]	Annual	People		1			1		1	GREEN	HWCOL's volunteer recruitment campaign from November 3 rd to the December 10 th generated interest from one individual in joining the Board. HWCOL are competing in a small pool for volunteers in the City. As stated in the main body of the text, a return to face-to-face meetings will support further engagement.
Regular (frequency to be determined) survey of residents and stakeholders undertaken to determine the levels of awareness and engagement with Healthwatch City of London.		Engagement, Involvement and Reach	B, C, D								
Design and disseminate annual survey of residents and stakeholders.	Annual	Engagement, Involvement and Reach		1	1				1	GREEN	In Q4 HWCOL's Engagement and Communications coordinator will prepare a project plan for the completion of the Annual Report and delivery of the

Healthwatch City of London Performance Framework Q3 Report

[Annual survey - reviewed and analysed and used as part of our plans for the next year -annual report, business plan and workplan.]											annual survey of residents and stakeholders.
Evidence of active and increasing engagement with the public on social media (e.g., through number of website hits etc).		Engagement, Involvement and Reach	D								
Email bulletins – numbers of subscribers.	Quarterly	Engagement, Involvement and Reach		150	157	167	152		152	GREEN	During Q3 subscribers to email bulletins fell by 13. HWCoL are promoting ‘sign up’ to the email newsletters and bulletins via social media. Bulletins are available in the Barbican Newsletter and through the Golden Lane website. Some recipients were receiving the bulletins from a number of sources and have taken action to correct this.
Email bulletins sent.	Quarterly	Engagement, Involvement and Reach		12	13	13	11		37	GREEN	HWCoL provided 11 newsletters /bulletins in Q3. Weekly newsletters/bulletins were a key element of the Covid-19 grant application. With the project now completed there will be a

Healthwatch City of London Performance Framework Q3 Report

											review of the frequency of newsletters and bulletin.
Mailchimp email bulletin open rates.	Quarterly	Engagement, Involvement and Reach		25% ave - industry standard	48.28%	48.23%	48.34%		48.34%	GREEN	The open rate during Q3 was 48.34% compared to 48.23% in Q2. In the week of the 19 th November the open rate was 52.3%. The open rate remains stable at almost double the industry average. The Q3 click rate was 18.84 compared to 16.65% in Q2 remaining stable and above the industry standard of 13%.
Page 45 Twitter - numbers of followers.	Quarterly	Engagement, Involvement and Reach		650	652	659	670		670	GREEN	<p>During Q3 HWCOL</p> <ul style="list-style-type: none"> • added 11 new followers, increasing the number of followers to 670, above the quarterly target of 650. • posted 101 tweets in the quarter generating 13,091 tweets. <p>Top two tweets were:</p> <ul style="list-style-type: none"> • If you are self-isolating, help is at hand. • ELoPE webinar.
Facebook – number of followers (new account).	Quarterly	Engagement, Involvement and Reach		50	105	110	66		66	GREEN	In Q3 Facebook followers decreased by 40% from 110 to 66. During Q3 HWCOL produced 78 posts. Top post was Pop up vaccination centre in the City of London. As the Covid-19 pandemic numbers decreased during October and November the demand for regular updates

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											<p>on the vaccination programme decreased and this has impacted on HWCoL Facebook followers.</p> <p>HWCoL are reviewing the contents posted on Facebook as part of the engagement strategy update. The strategy will focus on delivering different bespoke content for the platforms. The drop in numbers is consistent with the numbers visiting the website. Numbers have dropped as demand for up-to-date information on Covid-19 has decreased.</p>
Website – Numbers of visitors.	Quarterly	Engagement, Involvement and Reach		1000	10,418	4,835	3387		18,640	GREEN	<p>In Q3 the website attracted 3,387 unique visitors. This was consistent with the drop in visitor numbers reported for Q2. Visits to the website remained in the region of 1,000 per month with 1,033 visits in October, 987 November and 1,470 in December. The recovery in number is consistent with the website being a trusted source of information on Covid-19, and people sought information on Omicron. Following a review looking at the accessibility of the website compared to other Healthwatch websites, it is clear that information is not easy to find. The website is</p>

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											being updated by adding more drop-down menus taking visitors directly to the information they seek. Pages have been added to support people in making a complaint to the NHS as well how Choose and Book works. Bespoke pages on the NEL Integrated Care System and patient engagement with NEL will be added . Further pages will be added on mental health support and social care during the next two months.
Page 47 Website Numbers of pages visited.	Quarterly	Engagement, Involvement and Reach		1200	17,681	9349	6989		34,019	GREEN	In Q3, 6,989 pages were visited, in 4,259 sessions. The average session per visitor lasted 1.26 minutes compared to 1.28 in Q2 with 1.64 pages viewed per session compared to 1.51 in Q2. The bounce rate of 66.80% compared to 63.39% in Q2. Bounce is the number of pages visited and exiting without triggering another request.
Number of volunteers trained to carry out an 'enter and view' visits and number of visits.		People	C								
Number of volunteers trained to do an Enter and View visit.	Quarterly	People		6	0	0			0	RED	The team are still planning to undertake a virtual Enter and View by the end of the financial year. Healthwatch England have

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												produced a guide to delivering virtual Enter and View. This will be used as a template for the Enter and View including the training of volunteers . HWCoL will be carrying out a telephone survey of dentists to confirm that they are accepting new patients and that face-to-face appointments are available.
Page 48 Number of Enter and View visits. Carried out Either by HWCoL or in partnership with other Healthwatch.	Quarterly	People		4	0	0			0	AMBER	The Enter and View of St Leonard's Hospital staff with HW Hackney did not go ahead as planned in Q3. Planned activity by HWCoL and HW Hackney on the St Leonards redevelopment was halted due to the cancellation of St Leonard's project group meetings. Meetings have been cancelled until the NEL CCG have held their internal workshop on the NEL Integrated Care System estates strategy. The revised impact on the redevelopment of St Leonards. In light of this, HWCoL and HW Hackney are meeting in January to review the programme of activity.	

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Number of Tempo Time Credits volunteers are eligible for.	Quarterly	People		40	65	33	41		179	GREEN	Forty-one Tempo time credits were submitted during Q3
Healthwatch representative at Health and Wellbeing Board and identified relevant meetings and events.		Leadership and Decision Making	A, B								
Numbers of HWBB board attendances.	Quarterly	Leadership and Decision Making		6	3	1	1		5	GREEN	One HWBB held in Q3 attended by HWCoL's chair. For each HWBB a report on HWCoL's work is presented.
Other board attendances (e.g., CCG governing body, ICB, NEL governing body, Health and Social Care Scrutiny, events etc).	Quarterly	Leadership and Decision Making		40	15	21	28		64	GREEN	A list of meetings attended by HWCoL was provided in the Q1 report with an update on new meetings attended in the Q2 report. In Q3 HWCoL joined the St Bartholomew's Patient Experience & Engagement Committee. The meeting provides insight into the patient experience of Barts. HWCoL will be joining the equivalent committee for the Royal London. HWCoL is attending the NEL working group on patient engagement, ensuring that the City's voice is heard and responded to as the model for engagement is developed. HWCoL attended a NEL update for Healthwatches on the

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												development of Community Diagnostic Hubs. There is an opportunity for a hub in the City of London and HWCoL will be following up on this with the Health and Wellbeing Board.
Events hosted by HWCoL: quarterly focus group discussions, one of which is the Annual Public Meeting	Quarterly	Leadership and Decision Making		4	3	5	4		12	GREEN	HWCoL held two carers and one mental health focus group meetings during Q3, all on-line. The team also participated at the City Connections carers event in Golden Lane Community centre in November. Carers shared feedback on the availability of appointments at the Neaman practice. The team are following this up with the practice. The mental health focus attendees were concerned about the lack of information about mental health services available. HWCoL are producing a leaflet listing the services and how to access them for publication on the website in a format residents will be able to download; due to be completed in February. Following HWCoL's webinar on the COVID booster and flu jab vaccination in September, attracting 18 members of the public. HWCoL organised a webinar with the East London Cardiovascular Disease Prevention Group (ELOPE).	

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ELoPE is a Barts Health initiative with the aim to reduce cardiovascular disease (CVD) risk in the local community. The project includes in schools healthy heart talks and training for staff, talks for a healthier workforce, high risk CVD clinic at Barts Health to diagnose and treat people at high risk of heart disease.

The webinar was attended by 20 members of the public.

In Q4, HWCoL are holding two webinars with Dr David Collier, Joint Clinical Director at the William Harvey Research Institute to one talk about their current research work, and the other Joanna Lyndon-Cohen, Occupational Therapist from the City and Hackney Long Covid Services team.

HWCoL have also approached Nickie Aitkin, MP for City and Westminster, for a future webinar on access to services post covid.

HWCoL's Annual Public Meeting guest speakers were Professor Charles Knight OBE, Chief Executive, St Bartholomew's Hospital part of Barts Health, and Catherine Pelley, Chief Nurse, Homerton University

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											Hospital. For more information see above .
Volume of activity (feedback from local people, attributes of those feeding back, number of volunteers, members, outreach events, updates to community, complaints).		Engagement, Involvement and Reach	A, B, C								
Page 52 Number of responses to surveys - responses referenced in report - along with demographics, when these have been obtained.	Quarterly	Engagement, Involvement and Reach		60	23	5	9		37	GREEN	One new survey published in Q3: The objective was to identify whether residents would use Bocking Street for their Covid vaccination. 50% of respondents fed back they would not use Bocking street. HWCoL used this data as evidence for the information residents required on the vaccination programme. HWCoL continues to publish the details of the pharmacies where residents can be vaccinated in the City. The survey closed in Q3. HWCoL will be undertaking surveys on the availability of Face to Face GP appointments and accessing Homerton Hospital in Q4.

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Complaints and views (about others' services) – published in annual report.	Annual	Engagement, Involvement and Reach		4	3	3	2		8	GREEN	<p>HWCoL received two complaints regarding the Neaman practice during Q3.</p> <p>The Practice arranged home booster vaccination appointments in December and staff did not attend. HWCoL contacted the Practice in the week of the 20th December to ascertain how this is being addressed. The team were informed that those patients who had not received a home visit were being rescheduled for week commencing 27th December.</p> <p>HWCoL contacted the Practice on the 14th January to confirm completion and were made aware there were still issues. This will be addressed at the next PPG meeting.</p> <p>HWCoL received a complaint about the behaviour of the reception staff who ignored patients and continued their private conversations. The Practice Manager confirmed that this will be addressed after Christmas in their Practice Meeting.</p>
	Quarterly	Engagement, Involvement and Reach		100	16	5	7		28	AMBER	<p>In Q3 HWCoL held two Board meetings in public including the Annual Public Meeting, both</p>

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at HWCOL board meetings											held on-line. Attendance at both meetings was lower than expected. HWCoL recognises that the public are weary of on-line meetings and are hoping to conduct face to face meetings in public as soon as circumstances allow.
Recruitment and training programme in place which enables more people to participate in co-production of services.		Collaboration	B, C								
Report on training completed (Healthwatch England training, and training completed from City of London, voluntary sector, etc.)	Annual	Collaboration		1	1	1	17		19	GREEN	<p>HWCoL staff and Board made extensive use of the training opportunities available in Healthwatch week, November 9-12th, attending 17 training sessions and talks.</p> <p>Following Healthwatch week a plan was produced on how HWCoL will do things differently as a result of the sessions attended</p>

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Areas of HWCoL work that although not included as part of the Performance Framework, it has been agreed that they should be reported on for a better understanding of the work of HWCoL											
Number of safeguarding alerts raised by HWCoL in the quarter	Quarterly				0	0	0		0		
Number of complaints HWCoL received about their service	Quarterly				0	0	0		0		

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Committee: Health and Wellbeing Board - For Information	Dated: 18 February 2022
Subject: Synergi Pledge Makers Progress Report	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1,2,3,4
Does this proposal require extra revenue and/or capital spending?	No
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain's Department?	N/A
Report of: Dr Sandra Husbands, Director of Public Health	For Information
Report author: Andrew Trathen, Consultant in Public Health	

Summary

Alongside local NHS partners, the Health and Wellbeing Boards are signatories to the Synergi pledge to reduce ethnic mental health inequalities. This paper summarises the Synergi Pledge Makers Progress report submitted in November 2021. Key areas of progress are highlighted, alongside areas of challenge, and the report authors welcome feedback from the board to inform our system-wide approach to the pledge for future progress reports.

Recommendation(s)

The Health and Wellbeing Board is asked to:

- Note the content of the progress report;
- Note further activities underway which will feature in subsequent reports; and,
- Advise on issues and areas of activity at a system level that should become a focus in the next and subsequent bi-annual reports.

Main Report

1. The Synergi collaborative is a five-year national initiative, funded by Lankelly Chase, to reframe, rethink and transform the realities of ethnic inequalities in severe mental illness and multiple disadvantage.
2. In Autumn 2020 the Health and Wellbeing Boards of the City of London and Hackney were approached by NHS partners to become signatories to the Synergi pledge to reduce ethnic inequalities in mental health. Both Boards agreed to become signatories. In Spring 2021, the Boards became formal signatories (represented by the Chairs, Mayor Philip Glanville and Member Marianne Fredericks respectively) in conjunction with NHS North East London Clinical Commissioning Group, City and Hackney Integrated Care Partnership and North East London Health and Care Partnership.

3. This work has been initiated and led by NHS partners Rhiannon England, Mental Health Clinical Lead, and Fawzia Bakht, Mental Health Project manager. They are being supported by Andrew Trathen, Consultant in Public Health in City and Hackney.

4. Signatories to the pledge are committed to support the following statement of intent as described by Synergi:

As senior leaders of mental health services and commissioners of mental health care, we will:

- 1. Initiate fundamental service level changes to reduce ethnic inequalities in access, experience and outcomes.*
- 2. Measure, monitor and report the nature and extent of ethnic inequalities and progress made.*
- 3. Work in partnership with local BME communities, service users and relevant community agencies.*
- 4. Provide national leadership on this critical issue.*
- 5. Ensure inclusive and sustainable change in our localities and communities.*
- 6. Support timely and progressive research and policy development.*
- 7. Contribute to a biannual progress update as part of this Pledge.*

5. Across City and Hackney we understand the scale of the challenge that tackling ethnic inequalities in mental health represents. The interaction between ethnicity and deprivation affects mental health treatment outcomes, and City and Hackney covers very deprived areas. Although we are fortunate to have an outstanding voluntary and community sector, the operational and strategic priorities created by the pandemic continue to constrain our collective ability to respond.

6. Despite these challenges, we continue to make progress and the Synergi pledge provides an opportunity to reflect and re-focus on our priorities. Pledge makers are expected to report twice per year on progress. The first of these reports was submitted in November 2021, included as Appendix 1. A shortened summary of responses to the individual commitments is included below.

7. ***Pledge commitment 1: Initiate fundamental service level changes to reduce ethnic inequalities in access, experience and outcomes.***

- NHS commissioning of Growing Minds project
- Appointment of NHS equality strategy lead
- NHS commissioned The Advocacy Project to coordinate a user representative group
- Hackney developing its work around Young Black Men
- Continuation of the Hackney commissioned Mental Health Wellbeing Network, which has specific reach into ethnic minority communities
- Use of Better Mental Health Grant to support new interventions from community providers to tackle mental health impacts of Covid-19, including providers such as Coffee Afrique and SWIM, supporting African and Caribbean Heritage (ACH) communities

- City of London supporting the mental health of unaccompanied asylum seekers
 - City of London corporation, City of London Police and the CCG jointly commissioning a Mental Health Street Triage outreach team which is undergoing evaluation
 - NEL CCG most successful in the UK with highest percentage of NHSE health checks for people with severe mental illness, which disproportionately affects those from ethnic minorities
8. ***Pledge commitment 2: Measure, monitor and report the nature and extent of ethnic inequalities and progress made.***
- Working with providers to improve reporting on outcomes by ethnicity, including improvement of coding
9. ***Pledge commitment 3: Work in partnership with local BAME communities, service users and relevant community agencies.***
- Hackney Caribbean Elderly Organisation commissioned to deliver dementia outreach and awareness program
 - Hackney CVS delivering Open Minds, a multi-agency partnership of local ACH organisations to address mental ill health
 - SWIM (support when it matters) commissioned to improve ACH referrals to talking therapies
 - City and Hackney commissions three VSO providers for IAPT services to Charedi, Turkish & Kurdish, and ACH communities.
 - IRIE MIND commended as a best and promising practice example
 - City and Hackney has highest rate of BAME IAPT recovery in London and access rates for the top 3 BAME communities are in line with relative population sizes
 - IAPT providers work closely together through the Psychological Therapies Alliance and have been asked to monitor the following:
 - BAME access rates overall and per specific community
 - BAME Recovery Rates
 - LGBTQ Access rates
 - Older Adult Access Rates
 - Access rates per postcode comparing access and deprivation.
10. ***Pledge commitment 4: Provide national leadership on this critical issue.***
- Attendance at national PHE webinars on health inequalities and representation on Synergi Board
 - Joined Centre for Mental Health campaign for reducing health inequality
 - Letter published in the BMJ on inequality in health.
11. ***Pledge commitment 5: Ensure inclusive and sustainable change in our localities and communities.***
- Linking with Thrive London/Newham initiative to develop specific faith and culturally competent resources
 - Developing Five to Thrive website

12. ***Pledge commitment 6: Support timely and progressive research and policy development.***
 - City and Hackney Public Health Intelligence Team and Population Health Hub aiming to identify inequalities in referral and treatment pathways
13. ***Pledge commitment 7: Contribute to a biannual progress update as part of this Statement of Intent.***
 - We intend to continue contributing biannual progress updates
14. Although we believe that work across the system shows progress towards the commitments, we know that challenges remain with much work to do. Further activities which will be developed and included in subsequent reports include:
 - A second phase of grants as part of the Better Mental health fund to allow more organisations to offer interventions to underserved communities
 - Develop the Growing Minds and Open Minds projects
 - Improved collaboration with Voluntary and Community Sector
 - Strengthening links between NHS and local authority to facilitate shared learning, such as with Hackney's innovative racialised trauma peer support groups
15. The authors note that becoming signatories to a pledge will not in itself tackle the problem we are seeking to solve. However, the pledge has so far provided an opportunity to reflect on the areas where we are making good progress, clarified the challenges that need to be overcome, and provided a foundation for strengthened collaboration between partners at a system level.
16. We welcome feedback and perspectives from both members of the board and wider partners to identify which areas ought to become our focus as we move towards the next progress report.

Recommendations

The Health and Wellbeing Board is asked to :

- Note the content of the progress report;
- Note further activities underway which will feature in subsequent reports; and,
- Advise on issues and areas of activity at a system level that should become a focus in the next and subsequent bi-annual reports.

Corporate & Strategic Implications

Strategic implications – This work aligns with the City's Corporate Plan to *contribute to a flourishing society*

Financial implications - none

Resource implications - none

Legal implications - none

Risk implications - none

Equalities implications – This work supports the reduction of ethnic inequalities in mental health

Climate implications - none

Security implications - none

Appendices

Appendix 1 – Inaugural Synergi Pledge Makers Progress Report (Nov 2021)

Andrew Trathen
Consultant in Public Health

E: andrew.trathen@hackney.gov.uk

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Inaugural Synergi Pledge Makers Progress Report 2021

[Word version on request]

Introduction

Dear Pledge Maker

On Wednesday 5th August 2020 you publicly committed to Synergi's [National Pledge to Reduce Ethnic Inequalities in Mental Health Systems](#) in recognition that ethnic minority people with lived experience of severe mental illness continue to face disproportionate risks in mental health services, the result of longstanding ethnic inequalities and disadvantaged access to care, treatment and outcomes.

An essential part of this timely journey to positive action is producing a biannual progress update on the Pledge commitments. **The deadline to complete this Inaugural Synergi Pledge Makers Progress Report is 12pm on Friday 7th May 2021.**

Your submission, along with all of the Pledge Makers, will be announced on *Monday 24th May 2021*, but you will have access to all the reports (under embargo) before this happens. Please refer to the timeline which was circulated at the end of March 2021.

Thank you for your continued commitment to this important and exceptional process.

Best wishes,

Joy Francis

Co-Director, [Synergi Collaborative Centre](#) | Pledge Lead

About you

Please let us know who is filling in this progress report.

Name: **Dr Rhiannon England**

Institution: **NHS North East London Clinical Commissioning Group, City and Hackney Integrated Care Partnership and North East London Health and Care Partnership**

City & Hackney Health and Wellbeing Boards

Job title: **Mental Health Clinical Lead**

Email address: **rhiannon.england@nhs.net**

Background

This section provides an opportunity for you to explain why you have chosen to be a Pledge Maker.

Why did you sign up to the Synergi National Pledge to Reduce Ethnic Inequalities in Mental Health Systems?

We are committed to reduce inequality in all health provision, and we want to ensure good mental health for all. We live and work in a very ethnically diverse and deprived area and should serve the needs of our residents.

At the point of signing the Pledge, what were the specific ethnic inequalities in your mental health system / services that you wanted to redress?

- **We wanted to ensure equality of access to good mental health care, including inclusive mental health promotion, for all people from an ethnic minority background across Hackney and the City and to ensure that outcomes of treatment were equitable.**
- **We want to address the ongoing issue of the over-representation of black men entering the mental health system via emergency routes or in crisis – for example Section 136- and also to look at the wider determinants of poor mental health in this group and try to address them.**
- **We wanted to address the poor physical health of people with severe mental illness and especially those from ethnic minority groups**

Who are you working in partnership with to redress these ethnic inequalities in your mental health system in line with the Pledge?

We are working with London Borough of Hackney, City of London and both Public Health services as well as with our voluntary sector and service users across both boroughs.

City and Hackney CCG is now part of North East London Integrated Health System.

Pledge commitments

This section is about how, as a Pledge Maker, you and your institution have responded to, prioritised and/or delivered on each Pledge commitment. (1,000 words maximum per question.)

Pledge commitment 1: Initiate fundamental service level changes to reduce ethnic inequalities in access, experience and outcomes.

- What steps have you taken to action this Pledge commitment?
- What has been the outcome so far?
- What challenges have you faced actioning this Pledge commitment?
- Any other comments, please insert here.

- **We have commissioned services specifically for ethnic minority clients (Core Arts, Growing Minds and Open Minds).**

The Growing Minds project is comprised of four different components:

- **Family Action Counselling Service**
- **Non-Violent Resistance (NVR) Parenting 12 week parenting programme**
- **Tree of Life programme for young people between 11-18 years of age**
- **Mental Health First Aid Instructor Training.**

The project has been running for over 1.5 years and was commissioned to provide emotional wellbeing support to young people and parents from African Caribbean backgrounds.

- **We have appointed an equality strategy lead.**

- **We have asked our mental health service providers to report on access and outcomes by ethnicity and to improve recording of this data.**

- We have commissioned The Advocacy Project to coordinate and support a dedicated service user representative group. They attend all our joint mental health steering committee meetings and have a rolling agenda slot for reporting.
- Outcomes from access data currently show that both within CAMHS services and adult talking therapy services we have a use of service by most ethnic minority groups proportionate to their prevalence in the community. We continue to look at those groups where access is poor. We are developing the data set for outcomes by ethnicity.
- London Borough of Hackney continues to develop its work around young black men, which has a specific mental health workstream. This priority was chosen by the young black men as one having a profound effect on their lives and ability to flourish. The Improving outcomes for young black men (YBM) programme aims to reduce disproportionality for young black men, ensuring that outcomes and opportunities for black boys and young black men are the same as the wider population. The YBM Programme and partnership works with local people, the voluntary and community sector and the statutory sector to shape and deliver solutions, which young people are at the heart of. The partnership aligns with Hackney Council's commitment to anti racism and recognises that addressing structural inequality and institutional and systemic racism is fundamental to meaningful sustainable change and improvement.
- LBH also commissions the Mental Health Wellbeing Network (WBN), which is run by MIND and has specific reach into ethnic minority communities offering therapy and activities to improve wellbeing. Both these report into our joint mental health steering group to ensure integration.
- BAME representation has increased among clients of the WBN following a reprioritisation process to encourage greater uptake.
- LBH has overseen the provision of funding from DHSC Better Mental Health Grant. This in year funding has been allocated to a range of community providers to offer mental health interventions with a focus on reaching underserved groups to tackle the impacts of Covid-19 on Mental Health. Partners including Coffee Afrique and SWIM Enterprises target ACH communities.
- City of London continues its work to improve the mental health of unaccompanied asylum seekers through targeting provision for this vulnerable group. This work also feeds into the steering group.
- The City of London and the CCG jointly commission a street outreach mental health team which has successfully reduced S 136s within the City of London. This service has been expanded to cover a greater number of hours for a period of six months, and an evaluation is being conducted by the City and Hackney Public Health team.

NEL CCG (City & Hackney) was the most successful CCG in the UK in achieving the highest percentage of NHSE health checks for people with severe and enduring mental illness. People from ethnic minorities are over-represented within this group.

Within LBH, the Diversity and Inclusion leads have implemented an innovative approach to addressing racialised trauma among staff, following feedback from peer support sessions. The feedback for these sessions has been overwhelmingly positive, and we are seeking to share learning from this approach with local partner organisations.

Challenges:

- **The interaction between ethnicity and deprivation affects outcomes from mental health treatment and Hackney continues to be a very deprived borough. The chance of recovery reduces by 15% for every standard deviation change in the deprivation score (IAPT Big Data)**
- **Post Covid- all services are affected and the impact on staff and clients is only just starting to be felt. We need some time for staff recovery before more service innovation can happen.**

Pledge commitment 2: Measure, monitor and report the nature and extent of ethnic inequalities and progress made.

- What steps have you taken to action this Pledge commitment?
 - What has been the outcome so far?
 - What challenges have you faced actioning this Pledge commitment?
 - Any other comments, please insert here.
-
- **As above- we have some data on mental health outcomes from treatment showing poorer outcomes for some ethnic minority groups. We are looking at this currently and also at improving coding of ethnicity, as the need for accurate data is of paramount importance.**
 - **The City and Hackney Mental Health team (CCG, LBH, City of London) are linking into the wider City & Hackney's work analysing the impact of pandemic on health inequalities in City and Hackney work. Objectives of this work include:**
 - **Informing the production of an equalities' framework, aligning with existing equalities frameworks to guide local decision making and service planning for organisations across City and Hackney.**
 - **Informing the development of the inequalities dashboard to monitor progress and hold ourselves to account- at a City and Hackney level and a Neighbourhood level.**
 - **Monitor inequalities impacts of recovery/phase 2 actions, as well as the impact of the initial/crisis response phase.**
 - **Collating data sources (national and local, quantitative and qualitative) in one place.**
 - **Use to ensure all relevant data sources are feeding into action planning on an ongoing basis.**
 - **Identify future priorities for engagement and insight gathering**
 - **Agree any future data analysis and data sources.**
 - **Agree broad 'vulnerability factors' within the matrix, to allow organisations to assess the impact of their activities/service changes.**
 - **Identify priority ethnic minority groups for consideration.**
 - **Identify short term actions needed to mitigate post-Covid impact on priority groups.**
 - **Use the 'opportunity' of Covid-19 to create a shared public narrative around inequalities to support engagement/co-production of a local (C&H) response.**

Pledge commitment 3: Work in partnership with local BAME communities, service users and relevant community agencies.

- What steps have you taken to action this Pledge commitment?
- What has been the outcome so far?
- What challenges have you faced actioning this Pledge commitment?
- Any other comments, please insert here.

We have a strong voluntary sector partnership in City and Hackney.

- The Hackney Caribbean Elderly Organisation were commissioned to deliver a dementia outreach and awareness raising programme to our local BAME community. This was informing people about the importance of treating hypertension as a risk factor for dementia development. City and Hackney has a disproportionately high number of people from ethnic minority backgrounds affected by hypertension and cerebrovascular accidents.
- In 2020 the CCG commissioned Hackney CVS to develop and deliver Open Minds, a community-led, multi-agency partnership of local African and Caribbean Heritage (ACH) charity led organisations and established service providers that aims to provide a new approach to address mental ill health and improve emotional wellbeing amongst working age population (18-65) men and women of ACH heritage in the Hackney community. One of its four strands is to develop a digital platform that will increase young black men's and women's awareness of, and access to, a range of services in Hackney that provide emotional and mental health support, while creating interest through interviews and stories about culture, arts, business and politics in the borough and beyond

In August 2020 SWIM (Support When it Matters) Enterprises was commissioned to improve African/Caribbean referrals into talking therapies. Key outcomes include:

- Developing a joint outreach model with Talk Changes (our IAPT provider), Developing social media platforms with relevant details on how to access talking therapies.
- Undertaking a review of ACH user journey in Talk Changes services.
- Raising awareness in the ACH community about talking therapies including BAME specific services.
- Attending pilot blended team meetings in Clissold Ward and Hackney Marshes ward to develop PCN communications.
- Data and analytics have been used to monitor social media social media/digital outreach models.
- [Chat Works Hackney](#) has recently launched. The initiative is led by SWIM Enterprises, a Black-led organisation rooted in the borough through generational family ties. SWIM integrates into current practices in African Caribbean cultural life to improve life outcomes, health and well-being.

- City and Hackney currently commissions three local VSO providers to provide IAPT services to our Charedi (7% of population), Turkish & Kurdish communities (6% of population) and the African and Caribbean heritage communities (20% of our population). Talk Changes closely monitors BAME community access and recovery and has strong links to grass roots community organisations.
- In 2021 City and Hackney ICP, North East London CCG, Derman, Bikur Cholim, Mind, Homerton University Hospital FT won the HSJ Value Award for Mental Health Service Redesign Initiative -Culturally Focused IAPT for Communities by Communities
- [IRIE MIND](#) - Mind in the City, Hackney and Waltham Forest's organisation run by and for African Caribbean Heritage people, has been commended as a best and promising practice example, reflecting the hard work and commitment to black excellence of the IRIE team since its launch in 2019.¹
- City and Hackney has the highest rate of BAME IAPT recovery in London and access rates for the top 3 BAME communities are in line with BAME population sizes. All IAPT providers work closely together through the Psychological Therapies Alliance and have been asked to monitor the following.
 - i. BAME access rates overall and per specific community
 - ii. BAME Recovery Rates
 - iii. LGBTQ Access rates
 - iv. Older Adult Access Rates
 - v. Access rates per postcode comparing access and deprivation.

Although we are pleased with having comparatively good recovery rates for treatment-as previously mentioned these are still not equitable with the general population, and we need to improve our ethnicity coding.

- LBH have instigated an accountability board, chaired by a member of the young black men's project. This will have a responsibility to hold all system members to account in our work on reducing inequality and improving outcomes for ethnic minority groups. The Improving outcomes for young black men (YBM) programme and partnership involves residents with lived experience and particularly young Black men in a community accountability board that provides challenge and steer to the programme of work which includes a significant strand on addressing mental health issues. The board brings together residents with service leads in a collaborative venture to ensure that the work reflects and is informed by the experience and understanding of community members.

¹ [Personalisation-in-Black-Asian-and-minority-ethnic-communities-TLAP-report.pdf \(thinklocalactpersonal.org.uk\)](#)

- The YBM programme has supported young people's shift from seeing themselves as participants in the Partnership to drivers of change within it, increasing representation at YBM Partnership Meetings and Mental Health Workstream meetings and supporting young people to lead on delivering change. For example, two young people delivered a workshop at a Mental Health event at Homerton Hospital. Six youth leaders participated in a Public Health workshop for the whole public health team and key integrated commissioning workstream leads, in which priorities for future work were identified. Young people have been co-facilitating mindfulness sessions at Youth Clubs and also played a key role in setting up the Pembury Cool Down Café, a peer led mental health crisis drop in centre for young people.
- The LBH commissioned Wellbeing Network is led by MIND and includes many local voluntary sector organisations in the wellbeing provision.

Pledge commitment 4: Provide national leadership on this critical issue.

- What steps have you taken to action this Pledge commitment?
- What has been the outcome so far?
- What challenges have you faced actioning this Pledge commitment?
- Any other comments, please insert here.
- We attend the national PHE webinars on health inequalities and have representation on the Synergi Board.
- We have joined the Centre for Mental Health campaign for reducing health inequality
- We have had a letter published in the BMJ on inequality in health.

<https://www.bmj.com/content/370/bmj.m2748.full>.

Challenges:

Obviously Covid has been our biggest challenge- we have not had time as a system to participate nationally as much as we would like. In addition, major changes within the CCG, which has now become part of NEL, are very recent and need time to settle.

Pledge commitment 5: Ensure inclusive and sustainable change in our localities and communities.

- What steps have you taken to action this Pledge commitment?
 - What has been the outcome so far?
 - What challenges have you faced actioning this Pledge commitment?
 - Any other comments, please insert here.
-
- **We continue to work with our voluntary sector and to be led by service user opinion within all our commissioned services.**
 - **We continue to use the five ways to wellbeing locally as a framework for good mental health promotion and will be linking with the Thrive London/Newham initiative to develop specific faith and culturally competent resources to promote that across our system which are to be launched shortly.**
 - **We are developing our five to thrive website currently www.fivetothrive.net which will link into the wider Thrive London BAME initiatives.**
 - **We are determined to ensure that good mental health has the same importance as good physical health. This has special significance following the pandemic and its effects on ethnic minority groups. We will build on both Local Authorities' commendable pandemic response for mutual aid which included training support staff around mental health, dementia and signposting to services.**

Challenges:

- **Voluntary sector capacity at this time, health priorities around vaccination, staff wellbeing. Sustainability also depends on being able to recurrently fund projects of importance- so funding will be an ongoing problem.**

Pledge commitment 6: Support timely and progressive research and policy development.

- What steps have you taken to action this Pledge commitment?
 - What has been the outcome so far?
 - What challenges have you faced actioning this Pledge commitment?
 - Any other comments, please insert here.
-
- **We hope that our whole system work across CCG/London Borough of Hackney and the City of London through our inequalities framework mapping will link well into all national initiatives across health and social care.**
-
- **Focusing on inequalities will allow us to support policy development locally and nationally.**
-
- **This work is currently progressing well and we will have further developments to report in our update in six months. However, we have been learning from the pandemic and need time to work on the large increase in mental health crisis presentation, especially in the young. This may affect timescales. Covid has exposed inequality issues so starkly that we need to time to process this, especially as so many staff members across health and local authorities have been affected personally by illness and family bereavement.**
-
- **NEL CCG (City and Hackney) Mental Health team are working with City and Hackney Public Health Intelligence Team and Population Health Hub to help identify inequalities in referral and treatment pathways of IAPT services for service users living in deprived areas as well as racial and ethnic minority service users.**

Pledge commitment 7: Contribute to a biannual progress update as part of this Statement of Intent.

Are you going to contribute to the second Pledge progress update in November/December 2021?

Yes- we are happy to do this. Hopefully by then the effects of Covid on staff and service users will have settled and system members can concentrate on planning rather than reacting to the emergency.

Next Steps

This section is for you to share your goals and plans as a Pledge Maker over the next six months.

What are your Pledge priorities over the next 6 months?

What challenge do you anticipate facing during this time?

Our pledge priorities for the next 6 months are:

- 1. To develop the Growing Minds and Open Minds projects for our residents from African and Caribbean communities.**

Family Action Counselling Service Update

The counselling provision continues to remain a popular service and referrals are typically made through parents or pastoral care staff in school with presenting issues related to low self-esteem, lack of confidence, historical child abuse, low mood and anxiety (including culturally sensitive topics). Typically, girls are more likely to engage in the service than boys and the service receives positive feedback from those that attend sessions. Jackie do you have the numbers of young people who have accessed the service.

NVR Parenting Sessions Update

The NVR Parenting sessions provide 12 weeks of in-depth support to parents with a focus on a number of topics such as de-escalation techniques, parental presence, reconciliation gestures and exploration of the parents own parental trauma. Parents typically self-refer or are referred to the service seeking parental support.

The first round of NVR saw 28 parents sign up to (and complete) three programs run by community organisations African Community Schools (ACS), Father2Father (F2F) and Black Parent Community Forum (BPCF). The programmes reported positive outcomes (SUDs) and parents reported a decrease in parental stress and felt more confident to support their children. We are now in round 2 of the NVR parenting programme.

- 2. To improve ethnicity recording for data analysis on access and outcomes of treatment and present a full dashboard of outcomes.**

3. To work as a system across health and local authority partners to maximise out potential for inequality reduction and improved mental health. This means promoting wellbeing and staying well, in addition to improving treatment outcomes and the physical health of people with severe and enduring mental illness. Examples include free vaping for residents with a SMI and apprenticeships for young people with a SMI.

In September/October 2021, Synergi plans to host a National Pledge Alliance Symposium for Pledge Makers, Pledge Supporters, Synergi Creative Spaces partners and communities of interest, inspired by **Pledge commitment 4**: To provide national leadership on this critical issue.

How would you contribute to this National Alliance?

What leadership role would you be willing to play in this National Alliance?

We would be happy to share some of our projects described and to learn from projects happening across the UK, as we are keen to be innovative in our approach to tackling ethnic inequalities.

Your quote

Why is the Pledge important to your overarching mission to reduce ethnic inequalities in mental health systems for ethnic minority people with lived experience of severe mental illness?

The pledge provides a space for a structured commitment to reduce inequality in mental health systems for people from ethnic minorities across our whole system partnership.

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